

SUPERVISOR CALL IN MISHAP REPORT

CNRSW CASE:

DATE OF REPORT: _____ TIME OF REPORT: _____ DATE OF INJURY/MISHAP: _____

Name of Injured SSN Command UTC

FED CIV: _____ MILITARY: _____ NAF: _____ SEX: M F _____
Rank/Rate/Series/Grade Work Shift 1, 2, or 3

Job Title PM/Department Work Center or Shop Date of Birth

Person Reporting (Name) YES: _____ NO: _____
Supervisor Phone # Complex

TYPE OF MISHAP: PERSONAL INJURY: _____ PROPERTY DAMAGE: _____ MOTORCYCLE: _____

PRIVATE VEHICLE: _____ GOVERNMENT VEHICLE: _____

TIME OF MISHAP: _____ ON DUTY _____ OFF DUTY _____

LOCATION OF MISHAP: ON BASE: _____ OFF BASE: _____ BLDG #: _____ W/C: _____
Where Mishap Occured

DRIVER(S) OF MOTOR VEHICLE(S): _____

MOTOR VEHICLE(S): _____

PROPERTY: _____

NATURE OF INJURY/PROPERTY DAMAGE: _____

HOW OCCURED: _____

MEDICAL TREATMENT: YES: _____ NO: _____ DATE: _____ WHERE: _____

RECORDED WITH BASE DISPENSARY: YES _____ NO _____ CA-1 CA-2 LS-202

LOST TIME EXPECTED: YES: _____ NO: _____ #DAYS: _____ SICK IN QUARTERS # DAYS: _____ (Military Only)

LIGHT DUTY: YES: _____ NO: _____ #DAYS: _____ HOSPITALIZED: YES: _____ NO: _____ #DAYS: _____

RETURN VISIT: YES: _____ NO: _____ WHERE: _____

CORRECTIVE ACTION/COMMENTS: _____